

FOR OFFICE USE ONLY

DOCKET #: _____

After you **complete** the application you must **serve** a copy on each affected party. Then **file** the original and four (4) copies of the application, the application fee and proof of service with the Loft Board. The failure to complete the application, serve it on each affected party and file it with the Loft Board may result in a delay in processing or rejection of the application. The checklist at the bottom of this sheet will help you make sure you have completed all the required steps. For more information on completing, serving and filing an application, visit our website at www.nyc.gov/loftboard or call the Loft Board at **(212) 393-2616**.

Building Information

House No.(s) _____ Street Name _____

Borough _____ Block No. _____ Lot No. _____

Applicant Information

(if there is more than one applicant, attach a separate sheet listing the names of the applicants and their mailing addresses including the unit designations)

NAME: _____ MAILING ADDRESS: _____ UNIT: _____ CITY, STATE: _____ ZIP CODE: _____ DAYTIME PHONE: () _____ BUSINESS PHONE: () _____ FAX NUMBER: () _____ EMAIL _____	APPLICANT IS: <input type="checkbox"/> Owner <input type="checkbox"/> Residential Subtenant <input type="checkbox"/> Commercial/Manufacturing Tenant <input type="checkbox"/> Other (<i>specify</i>) _____ _____ _____
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Affected Parties

List **all** affected parties. If one party has multiple addresses, list each address separately. Also indicate the type of affected party (e.g. owner, residential tenant, etc.).

See, 29 RCNY §1-06 for more information.

	NAME	MAILING ADDRESS	TYPE OF AFFECTED PARTY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there are more than ten (10) affected parties, attach a separate sheet listing each affected party's name, mailing address and type.

Basis for Application

Use the space provided below to state the basis for your coverage application. Please state: (1) which units are seeking coverage including the unit designations; (2) the periods of residential occupancy for each unit seeking coverage; (3) the commercial activities taking place in the building, and (4) any other relevant information for determining coverage. You may attach additional sheets, as necessary.

I verify or affirm that all statements made in this application are true and correct except for those statements which I have stated to be based on information and belief, and as to those statements, I believe them to be true and correct.

Name (print)

Signature

Relationship to Applicant (if same, write 'Same')

Date

NOTE: False statements may subject you to the penalties provided by law, including fines and/or imprisonment.